

ATTORNEY GENERAL'S OFFICE  
JEFFERSON COUNTY METH MEETING

Friday, August 25

1:30 - 3:00 p.m.

Jefferson County Administration Building  
729 Maple St.  
Hillsboro, MO

**Attorney General Nixon** opened with remarks about the current status of the meth problem. Due to recent legislation, particularly the 2005 legislation limiting access to pseudoephedrine, Missouri has seen a decline in the number of labs busted. In 2005, Missouri law enforcement took down 2,252 labs, over 500 fewer than in 2006. In the second half of 2005, after the new law took effect, there was an average decline of 40% in the number of labs busted compared to the same period in 2004.

This positive development is tempered by Missouri's continuing number one position in the number of meth labs seized. Also, law enforcement has not seen a marked reduction in meth because there has been more finished product imported from Mexico and other places.

Treatment is an area where additional data is needed to determine what works and what doesn't. It is critical that we identify effective treatment for meth in order to break the cycle of addiction.

WITNESSES -

**Sgt. Tommy Wright, Jefferson County Sheriff's Department**

Meth is a midwest problem and a regional problem. In the past 2 ½ years, Jefferson County law enforcement has taken down almost 700 meth labs. With the passage of HB 441, the number of labs has decreased from 25 - 30%.

Stronger legislation is still needed. Electronic monitoring is one piece. Right now, each store keeps a handwritten list of those purchasing pseudoephedrine. An electronic monitoring system would allow the stores to have more timely information about where meth users are getting their precursors.

Funding for anti-meth efforts is a second need. Progressive legislation would include money for drug courts, treatment, restrictions on precursors, and to address importation of pseudoephedrine from other states and bordering counties. Money is also needed to maintain drug task forces.

In Jefferson County, law enforcement is seeing an increase in crystal meth. There has been good support on prosecutions but Sgt. Wright would like to see a stronger punishment on the first offense.

On meth clean-up, Sgt. Wright said that law enforcement has worked with DNR to have hazardous chemical boxes to store meth chemicals.

### **Detective Jason Grellner, Franklin County Sheriff's Department**

Det. Grellner is President of the Missouri Narcotics Officers' Association which has about 500 members. He outlined three priorities for the association for the next legislative session.

- Prescription Monitoring Program. This would be modeled on the Caspar program in Kentucky. It would monitor all schedules and could be used to identify Medicaid fraud and prescription drug abuse. He said that he has worked with Susan McCann of the Department of Health and Senior Services and that federal money is available for this program. It would operate in real time and would really reduce law enforcement's manpower costs of tracking down paper forms.

Also, the Combat Meth Act, taking effect in September 2006, will allow more data to be captured because it further reduces the amount that can be purchased at one time.

- Drug Tax Stamp - Indiana and Kansas have passed this measure. This would generate additional dollars for local law enforcement and could raise millions of dollars.
- Conspiracy Law - the current law is quite cumbersome and Missouri should look at a law that mirrors the federal law.

Det. Grellner also spoke about rehabilitation issues. He said that Department of Corrections has insufficient resources to deal with all the offenders. In Franklin County, there has been a 90% success rate. There also needs to be resources aimed at prevention.

### **Ann Wilson, Drug Courts Coordinator, Office of State Courts Administrator (OSCA)**

Ann started with OSCA in 1994 when there was one drug court. There are now 96 drug courts and 40 more are planned. She started gathering data in January 2005 to determine how meth offenders are doing in the drug court system. OSCA has looked at retention rates, graduation at 2 or 5 years out, and education/employment of those graduating from the program.

There are currently 2,500 offenders in drug court. Of the 645 offenders describing meth as their drug of choice, 336 graduated through the drug court and 274 were terminated (60% success rate). She said that this rate was higher than the success rate for those identifying cocaine or opiates as their drug of choice - Ann Wilson said their success rate was less than 50%.

She said that while meth is treated alongside other drugs, meth offenders need a longer treatment - 18 months versus 12 months.

On funding, she said that the federal Combat Meth Act did not include funding for treatment. However, she said that drug courts have a \$2 million budget for the current FY '07 fiscal year.

**Jeff Kushner, Administrator, St. Louis Drug Court**

Mr. Kushner stated that he is a board member of the Rural Drug Abuse & Alcohol Network.

As meth becomes more devastating nationally, there will need to be more federal action. Rural areas have been particularly hard hit because they lack the treatment and foster care resources.

On treatment, evidence based practices that have had random studies are key. The success of any treatment program doubles if it is done in drug court environment because of the leverage the court provides and the relationship of the judge with the client which includes drug testing, mandated self-help and coordination of services.

The most reliable factor in treatment success is stay in treatment. That includes "wraparound services" that build up the offender's support system and force the person to be accountable. Because meth impacts dopamine levels 3 times more than cocaine, meth leads to extensive brain damage. As a result, meth offenders need 60-90 days to redevelop the appropriate cognitive skills needed for treatment. This would occur, ideally, in a residential treatment environment.

There is a need for more residential treatment beds. If a meth offender is ready to seek help and there are not available resources, there is a window of opportunity that is lost. There is a good understanding of what works with meth offenders but we need adequate capacity to deliver those services to the meth users.

In Iowa, Attorney General Miller has advocated more treatment and the state is committing \$35 million over the next 3 years. Oregon has publicly funded treatment but requires that the treatment be "evidence based" in order to receive funding.

**Mark Wiggins, Acting Manager of Athena Center, COMTREA Community Treatment, Inc., Festus, MO**

At the Athena Center, there were 92 meth users admitted in FY '05 but a decrease to 77 meth users admitted in FY '06. Mr. Wiggins said that, because meth has already "broken down" many offenders, what they need the most is restoration. Mr. Wiggins commented that good nutrition and exercise can actually accelerate the addict's recovery time to 6 months. He also agreed with Mr. Kushner that the amount of time in treatment is a significant factor in determining success.

He commented that drug courts are beneficial because there is an immediacy of consequences for the offender. He also mentioned a PR+ program that helps to pay the costs of treatment for those who cannot cover the full costs. At this time, there are 22 residents at Athena - 20 are state paid and 2 are private pay. He said it is very difficult to obtain private health insurance for treatment.

He commented that a proposed referendum on increasing the alcohol tax would generate about \$45 million annually and would be split between law enforcement and treatment. He described such a tax as a "user tax."

He said that meth offenders really need to go "cold turkey" on all drugs and alcohol and even need to be careful with prescription drugs. Like Mr. Kushner, Mr. Wiggins said that the treatment community needs to take advantage of the window of opportunity to get meth users into treatment. Two possible policy initiatives to leverage this window would be: 1) more streamlined assessments; and 2) a database that allows provider access to previous treatment obtained by that person.

Mr. Wiggins noted that there has been an increase in the use of cocaine and heroin in recent times - he chalks that up, in part, to the perception by addicts that there is a smaller risk of getting caught with those drugs as opposed to meth because meth has been such a hot button issue.

The meeting adjourned at 2:45 p.m.